

11

THE  
BOSTON MEDICAL AND SURGICAL  
JOURNAL.

VOL. XVIII.]

WEDNESDAY, FEBRUARY 21, 1838.

[NO. 3.]

A CASE OF HYDATIDS IN THE LIVER.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Should you deem the following case of sufficient interest for an insertion in your valuable Journal, it is at your service.

The subject of this case is a Congregational minister, and a foreigner, who arrived in this country from England in the month of August, 1834, and was at that time in the enjoyment of perfect health; aged 35 years, rather corpulent. In April, 1835, he had an ill turn of some three or four weeks continuance, arising from a severe cold, which was attended with considerable cough, hoarseness, and a slight spitting of blood. In a few weeks, however, these left him, and his health continued uninterruptedly good until January, 1836, when he received a severe fall upon his right breast and side, across a stick of timber, the effects of which he felt more or less through the winter, such as pain in his right side, together with considerable lassitude and debility, especially when he made any considerable exertion in speaking. In April his complaints had so far encroached upon his health that it was with great difficulty he could perform his ministerial labors on the Sabbath. At this period I was consulted. He had no fever, his bowels were regular, and there was no coat upon the tongue—his pulse were not accelerated, but were rather soft and feeble. The only thing he complained of, was a pain in his right side, which I found, upon examination, over the region of the liver, to present considerable tenderness, without any enlargement, at this time, of that organ. He was also obliged, generally, once or twice in the night to get out of bed to evacuate his water.

Supposing that his disease was a deranged condition of the functions of the liver, together with a congested state of its blood-vessels, at this time I took from his arm about six ounces of blood, when he becoming faint, I tied up the arm. Directed a blue pill twice a week at night, followed with senna and salts in the morning. In ten days, having received no benefit, I applied a large epispastic to the side, and when it had healed kept up an irritation with tartar ointment some five or six weeks, from which he received considerable relief. For his urinary complaint I directed *uva ursi*, but without any benefit. Though the pain in the side was much relieved, still the lassitude and general debility remained much the same, and supposing that this state of the system might be kept up by too close application to his studies and other ministerial duties, and that a respite from them might leave the system in

a condition to recover its lost tone, I advised him to visit the Springs, hoping that the journey and the waters might do much good in restoring his health. He spent six or seven weeks in July and August at the Springs, and returned much improved in appearance and in ability to preach. On his return from the Springs he resumed his labors, and continued them without much interruption until the close of the year. There was, however, during these several months, a marked and regular emaciation in his appearance.

From the time that he returned, up to the 15th January, 1837, I was not consulted by him, and he took, I believe, no medicine of any kind. On the 15th of January, 1837, he informed me that he had considerable pain in his side, which had been increasing two or three weeks, and thought he must apply another blister soon. On the 17th he improperly exposed himself to a storm and took a violent cold. 18th. Had pain in his head, back and limbs, with diarrhœa. 19th. Diarrhœa had ceased, but the other symptoms continued the same. On the 20th I was called in for the first time, and found him feverish and restless; he had considerable thirst, with nausea. I directed an emetic, to be followed with a cathartic of calomel and jalap—at night a Dover's powder, with a cup of hot drink in order to produce perspiration. 21st. At 4 o'clock in the morning, he was seized with most excruciating pain in his right side. Having been called out of town myself, Dr. Collins was called in, in the morning, who bled him and applied a large blister to his side. At 11 o'clock, A. M., I returned and bled him again. 8 o'clock in the evening, having obtained no relief, his pulse being still full and strong, I sat him up in bed and bled him again nearly to fainting. While dressing his blister, I noticed a great fulness over the region of the liver. Upon a more accurate examination I found there was an immense internal tumefaction or swelling, which was extremely tender to the touch. The whole hypochondriac region seemed to be filled with an enormous tumor of some kind. The ribs upon that side were very much pressed outwards by the tumor, which extended across the stomach to the left side, and downwards to the umbilicus. It presented to the sight and touch the appearance of an enormously enlarged liver. The borders of the tumor below and on the left side were distinctly seen and felt. The existence of any swelling had never been noticed by the patient, and this is the first time that I had any knowledge of it. I supposed it to be the liver enlarged by chronic inflammation or from vascular engorgement, and that the present severe attack was an acute inflammation supervening upon the chronic. 22d. The pain somewhat relieved—the blister drew well—directed calomel and opium, and the bowels to be moved with senna and salts. 23d. In the morning no material change. I began to fear that suppuration would take place, and even thought I could then detect a fluctuation. At evening my fears were but too well confirmed, for he had a severe chill of half an hour's duration, followed by great prostration of strength, with a weak, frequent, fluttering and intermitting pulse, and the whole body was covered with a cold clammy perspiration. I had to resort to diffusible stimulants, such as wine, carbonate of ammonia, &c., before I could rouse the system from its down-

ward course. Towards morning his pulse became more full and regular, heat returned to his extremities, and through the day he remained very comfortable. 24th. At evening he had another chill, which I shortened by giving immediately hot wine and water; but the sinking or collapse of the system was more severe and continued longer than it did the night before. On the morning of the 25th, fluctuation was very apparent.

I stated to my patient that an operation would be necessary in order to afford him any relief or any chance of recovery, and advised to a consultation, to which he assented. At 6 o'clock in the evening I met Drs. Jewett, Shedd, Collins and Fuller, in consultation, when, after a careful and thorough examination of his case, it was determined to make an opening into the tumor, as affording the only possible chance of relief, for it was apparent that the system must very soon irrevocably sink without it. I inserted a scalpel about one inch below the ribs into the tumor, cutting outwards as I withdrew the knife, making an incision about one and a half inches long in the integuments, and nearly as long into the cavity or cyst. From this opening there were discharged about six pounds, which consisted of pus and bloody serum, in which were discovered five or six hydatid cysts, some of which were discharged without being ruptured. In one of these there was a small substance that had an appearance like a clot of arterial blood floating in the transparent serum that filled the cyst. There were a large number of these clots discharged with the pus and serum, some as large as an ounce ball, which I imagine were discharged from some of the larger cysts when they ruptured.

The nature of the disease was now at once apparent. It was clearly a case of hydatids in the liver. In consequence of the distention produced upon the contiguous parts by the hydatids, and by other exciting causes, acute inflammation had taken place, followed by suppuration. In a short time after the incision was made, the patient breathed with more freedom, as by the discharge a great pressure was removed from the diaphragm; his pulse in a few hours became more regular, but remained remarkably soft and weak.

I shall now state, in a few words, what the general treatment was with my patient from this time until he recovered, or until he ceased to take medicine of any kind, which was the first of May, a few days over three months. He took brandy and wine in considerable quantities, how much I am unable to say, but probably a gallon of each. He took fifteen grains of quinine, in divided doses, daily, up to the first of April, when, being out of the article, I substituted the bark, of which he took, at first, a drachm once in two hours; and as he continued to improve, it was given only once in four, eight and twelve hours. He also took thirty drops of the solution of hydriodate of potash, twice a day; and when he required an anodyne at night, he took a pill of acetate of morphine. To regulate his bowels, he took rad. rhei, and Seidlitz powders, which moved the bowels, and, as he was usually thirsty, proved a most grateful beverage. During all this time his pulse were soft, varying from 65 to 90 in the minute. But to return.—On the morning of the 26th, the dis-

charge of a clear, limpid serum had been most abundant, wetting the bandages and bedding in all directions. For fifteen days the discharge of serum continued very profuse, with a cyst occasionally.

1st February. The discharge continued very abundant. Sometimes it was clear as water; at others, purulent, but inodorous. By inserting a probe I frequently ruptured a cyst, when its contents would run out in a stream. 10th. The opening into the cyst or cavity having contracted so much that no cysts could be discharged, I enlarged it with a director and bistoury, and then I could pull out, with a bent probe and forceps, from one to ten at every dressing. The discharge was now nearly a pint a day. I could discharge no cysts by pressure or change of position, and therefore was obliged to insert some kind of instrument into the opening to effect their discharge. The incision in the integuments becoming extremely painful and irritable, I was forced to devise some means to defend them when I introduced instruments into the cavity. To effect this object, I procured a silver tube, two and a half inches long, nearly half an inch in diameter, with a cap upon one end so that it could not slip into the cavity. This instrument I introduced into the cavity, and let it remain there constantly, to the very great relief of my patient. Through this I could pass other instruments, without causing any pain or inconvenience. I also injected a solution of muriate of soda, sometimes infusion of P. bark or solution c. sublimata, with no very apparent effect, either good or bad. The discharge became more purulent, but was still inodorous. On the sixth of March I threw in a strong solution of sulphate of zinc with considerable effect, for the discharge soon became extremely fetid, and the whole house seemed to be filled with the odor of sulphuretted hydrogen gas. This injection was probably so strong that it destroyed the vitality of the cysts, if they possessed any, for decomposition immediately ensued, the cysts coming out in pieces. Up to the 18th the discharge continued to become more and more purulent, was very profuse, and the emaciation of my patient extremely rapid.

I had tried various means to dislodge the hydatids and empty the sac, but without success—had tried repeatedly to draw its contents out with a syringe, to which a long pipe was attached; but the moment I began to draw the piston, the cysts would cover the opening into the pipe and prevent any ingress into the syringe. It usually took me one hour, night and morning, to dress his side. I began to lose all patience, and as for hope, in his case, I had none. At this time the thought struck me that I could adapt a long pipe to a syringe with a calibre sufficiently large to admit the cysts and pus through it. I immediately procured one as large as I could pass through the silver tube, and, to my infinite satisfaction, succeeded in emptying the cavity of its whole contents without the least difficulty. I then threw in a solution of Castile soap, and cleansed it perfectly. From this time the discharge was small in quantity, entirely serous, without a particle of pus, and without any odor. To the use of this syringe I attribute the recovery of my patient, more than to anything else.

From this time I washed out the sac, night and morning, with warm

water or a solution of Castile soap, and then threw in a stimulating injection, viz. one teaspoonful solution of hydriodate of potash in six ounces of water. In a few minutes I withdrew this, and left the cavity empty. I had sometimes thrown in more than a quart into this cavity, but when I had succeeded in emptying it with the syringe, it held about six ounces. On the 21st, it held four and a half ounces. 24th. The cavity has not lessened since the last date—used, for an injection, thirty drops of tincture of creosote, in two ounces of water. 27th. The cavity held two ounces. His appetite good, and he was gaining in strength. April 5. The cavity would hold about one ounce. The patient was gaining in flesh and strength; sat up about five hours a-day; walked his room half an hour twice a-day. The cavity had so much contracted that the silver tube pressed upon the internal parts and caused pain. I removed it and inserted a gum elastic catheter, one and a half inches long, with a cap to it, through which I continued to inject and exhaust the cavity. May 1st. Injected a solution of c. sublimate. Removed the gum tube; a small discharge of serum. 15th. I introduced a common dressing probe, five inches long, into his side, the whole length. There seemed nothing more than a narrow deep sinus, which continued to discharge serum. I began to fear that this sinus would never close. I again used creosote for injection. 30th. The discharge diminished immediately upon the use of the creosote. June 1st. The sinus had closed, and up to the present time, which is more than six months, has not again opened.

The number of cysts discharged in this case was nearly or quite 200, of all sizes, from that of a pea up to that of an orange; and one, which I suppose to be the parent, or original cyst, and in which all the others were probably contained, was sixteen or eighteen inches long, of the most delicate texture, ruptured and torn in all directions, and when spread out would probably have covered a half gallon jug. There was one cyst discharged through the tube, the size of an orange, without being ruptured, and about one third full. I rolled it several times, from one hand to the other, before it broke. I suppose that the cyst must have lost its vitality, and that transudation was the cause of its being partially empty. To show how extensive this cavity was, I will here state that I repeatedly, in the presence of others, introduced a silver instrument seven inches long, directly into the cavity, without reaching the bottom, and could turn a female catheter, six inches long, in all directions except towards the umbilicus, without apparently touching the parietes of the sac at all; so that all can judge of the enormous size of the hydatid, and of the cavity in the liver in which it was contained, for without doubt it was contained in the substance of the liver.

One other circumstance, and I have done. His urinary complaint, which had continued through the year, up to the very time of this operation, then ceased immediately, and has not since troubled him; showing, conclusively, that it was owing to pressure from this tumor upon the kidneys and ureters.

About the first of May he began to take exercise in the open air. In July he again visited the Springs, which, together with the journey,

very much improved his general health, and on his return he resumed his ministerial labors, and has continued them ever since, though he does not yet possess that bodily vigor that he once had. During his long and tedious illness he was always calm and resigned to the will of his Maker, which contributed, in no small degree, to his recovery.

Danville, Vt., January 30, 1838.

E. ALEXANDER.

#### FOREIGN CORRESPONDENCE.—PARISIAN HOSPITALS.

[The following interesting communication is from an eminent Boston physician, now in Europe. It came too late to be inserted in last week's Journal.]

MY DEAR SIR,—The hospitals of Paris are much improved of late years. The Hotel Dieu was formerly made to contain five or six thousand patients. Now, the number does not exceed twelve hundred. The wards are very large, perfectly clean, and as rarely present disagreeable effluvia as any rooms, containing a large collection of human beings, could be expected to do. But although everything appears fair, the mortality in these wards, especially after surgical operations, is much greater than in private houses. This is a general fact in hospitals, and the extent of its application, other things being equal, is proportionate to the number of persons placed in one enclosure. Small hospitals are, therefore, more healthy than large, and private houses more so than hospitals.

This mortality is to be attributed, principally, to the bad atmosphere of these places. The wards, or *salles*, are very large, and contain a great number of patients. Some of the wards of the Hotel Dieu have one hundred beds, placed in three rows—according to the length of the rooms. But there is no proportion between the height of the rooms and their extent. Of course, the air must soon become vitiated, unless some process is employed to change it. I believe there is no such process adopted in these hospitals. They are warmed, imperfectly, indeed, by stoves, around which the patients are seen to crowd—a proof that the rooms are not sufficiently heated. There are no open fire-places, nor air-flues, nor air-holes, to ventilate the rooms. If we reflect that the air of a moderate-sized bed chamber is vitiated by one or two persons, enclosed in it eight hours of the night, what must we suppose the air of a room to be which contains one hundred patients, affected with various diseases, and with wounds and ulcers and putrefying sores. I have mentioned these facts to professional gentlemen. But I have found here, and in most other places, that it is difficult to impress them with the fact that the mortality peculiar to hospitals arises from want of ventilation, and that ventilation by day is not sufficient to preserve the patients. It must be equally maintained through the night. Some of the English hospitals have fires through the whole of summer, day and night. This would not answer in France nor the United States; but means equally effectual, and quite unobjectionable, might be adopted, with a



little expense, which would be better bestowed on this than on almost any other object.

The patients in the Hotel Dieu are nursed by Religieuses, as are those in most of the Paris hospitals. These ladies are transferred from convents and seminaries, from time to time, as they are wanted. They fulfil their tasks with wonderful fidelity; and being persons of education and principle, they are much more to be relied on than common nurses. The same arrangement is adopted in Baltimore, in our own country, and with the best results. The institution of the "Sisters of Charity" is, I believe, peculiar to the Catholics, as I have not met with similar instances of self-devotion in any protestant establishment.

The number of physicians to this great institution is ten; the surgeons, three—so that each practitioner has about eighty patients. The greater part of the operations fall into the hands of one of the surgeons. Here figured M. Dupuytren—a surgeon of great celebrity for the adroitness of his operations and his talent in explaining and setting them forth. He wrote little, and the results of his experience are therefore lost, except so far as they have been preserved in the "*Leçons Orales*," prepared by another person, and of course presenting a doubtful view of the practice of this surgeon. Dupuytren was succeeded by M. Roux, who had, for twenty years or more, been surgeon of La Charité, and is now considered as the first of the operating surgeons of Paris. M. Roux was about the age of Dupuytren, and was bred in the same school. In facility and rapidity of operation he equals the former, and is more to be relied on for his frankness. He visits the hospital at seven in the morning; and on three days of the week, after a visit of two hours' duration, lectures for an hour and then operates; for there is scarcely any of these days without some operation. He takes a deep interest in his profession, and seems to enjoy his visit highly. I have seen him do a number of the capital operations with admirable precision. The French surgeons have been charged with neglecting their patients after operation. But I have noticed, in regard to this gentleman, that he is very careful about his dressings at the operation and afterwards, frequently passing ten or fifteen minutes in dressing a compound fracture or an excised joint.

Among the physicians of the Hotel Dieu there is none so well known with us, and none so highly esteemed, as M. Louis, the celebrated author of the application of the numerical method to observations on fever, with the view of ascertaining, with arithmetical precision, the phenomena which belong to this important disease. I was introduced to him at the Hotel Dieu, in the morning. When I approached the bed where he was making his visit, with the aid of a dimly burning candle, towering in the midst of the pupils, I saw a tall upright man, with a countenance rather pale, bearing the marks of sagacity and deep reflection. He was intently occupied with his patient, and seemed to be conscious of nothing but what related to him. His inquiries were very minute; and when the patient gave him doubtful answers, which he frequently did, he repeated his questions until he obtained definite answers. Although his questions were rapidly asked, the investigation

was long, before he became satisfied that he had possession of all the important facts. He then gave to the students a brief abstract of the history of the case, his opinion as to its nature, and terminated with his prescription.

As he left the bed, and I was presented to him by my friend, his countenance relaxed, and he received me with the greatest politeness. As I walked round with him, he made known the nature of all the interesting cases, and encouraged me to question him and to make such remarks as occurred to me. Since then I have frequently visited with him, and always with gratification. The interest is most deep when a new patient presents, as then the character of the disease is to be made out. As all the cases are carefully recorded, such a mode of investigating the diseases must afford a mass of knowledge. The difficulty in bringing out useful results from such a multitude of observations, lies in the successive application of synthetical and analytical reasoning to the cases. In private conversations I had with M. Louis, he explained to me his mode of drawing his inductions, which appeared to me to be a practical model of exact philosophizing. It is not in my power to give a correct notion of it; but for the satisfaction of those who may wish to have some idea of his method, I will state, that, 1. From the journal of diseases containing, for example, sixty cases, he made a table, at the head of which was placed all the principal symptoms of the disease, in separate columns, and on the left hand of the table the list of patients. Then in each column was placed the character of each symptom in each patient. This table was of extraordinary extent. 2. From this first table another was then made, in which were brought together the symptoms of each of the columns, showing the number of cases in which any particular symptom appeared. The labor necessary to accomplish such a work is immense, and I should have found it difficult to conceive of it, had I not seen the tables themselves. As, however, the whole of these tables and inferences are based on correct observations, the first step in the process is to observe with accuracy. The manner in which this is to be done, is stated with exactness in a paper just published by M. Louis, in the first volume of "*Memoirs of the Medical Society of Observation.*" This should be translated and published in the United States, and every medical student should read it before he reads any other medical book; and if he makes himself master of it, he will, I venture to say, become a very different physician from what he might have been without it.

For want of the precision which M. Louis has introduced into the study of disease, millions of observations have been made without advancing the progress of medical science; many of them, in fact, have retarded, instead of advancing it. Consider the loads of volumes which are annually brought out with the design of supporting a new theory, of introducing a new medicine, or, rather, with the design of gaining the author a little celebrity, and you will, I think, agree with me that there must be a general reform in our modes of study and observation. But I am indulging in general and sage remarks, when I should employ the little time I have in stating facts for your amusement.



As it would be impossible for me to give even sketches of all the distinguished men in our profession here, I must be satisfied with furnishing you with a mere list of some of those whom I personally know, or whose instructions and other labors I have noticed.

DUMERIL is the only one of thirty professors of the School of Medicine, existing at the time I was here formerly, who now survives. He is, you know, a distinguished naturalist and comparative anatomist. His head is silvered by age, but he continues to be a laborious and successful professor of the School of Medicine and the Garden of Plants.

BROUSSAIS still lectures at the School of Medicine, though much advanced in life, and is not attended by many students. He amuses himself by satirical attacks on Andral and Louis, and others who have overturned his doctrines. Lately, it is said, he has devoted himself to phrenology.

RICHERAND, the physiologist, lectures at the school, on operations of surgery. A small number of pupils attend his instructions, as it is difficult to hear them.

ANDRAL, well known with us, lectures on internal pathology, and has a crowded audience, say ten or twelve hundred pupils, to attend his lectures.

ORFILA lectures on chemistry, to a crowded audience.

JERDY lectures on external pathology, and is much followed.

BRESCHET, distinguished as an author and a physician of sound judgment, is the lecturer on anatomy.

VELPEAU is surgeon at La Charité. He is considered as one of the best informed surgeons, and is an admirable lecturer.

CLOQUET JULES—an excellent surgeon, and lecturer at the hospital of the School of Medicine.

BLANDIN, surgeon at the Hotel Dieu, is highly considered as a surgeon, anatomist, and lecturer.

MALGAIGNE is a private lecturer, who has distinguished himself by new and correct views of dislocations. He has just published a work on surgical anatomy.

GUEIN has a most extensive orthopedic institution; that is, an institution for remedying deformities. He is much respected as a scientific practitioner.

CIVIALE is the last, among a crowd of distinguished persons that occur to me, whom I can now mention. His operations for lithotomy are little short of marvellous. I have seen him use a variety of instruments for breaking the stone in the bladder, without extorting from the patient a groan or a start. His success is equal to the excellence of his manoeuvres, and has quite altered my views of lithotomy. But this is a copious subject, and I am afraid to begin on it now.

A view of the course of instruction here, and of the comparative advantages of the French, English, and American schools, would be highly interesting. This, however, I must endeavor to present on a future occasion, and in a different mode.

Among the subjects which agitate the profession in Paris, at present, are the following.

The cause of death after operations and wounds, generally called, here, *metastatic* abscess. Opinions are divided between two theories. According to one, the cause of death is a metastasis or transfer of pus from the wound to the great organs. According to the other, it is a *phlebitis*, or inflammation of the veins. The first of these theories is contrary to exact physiology. The other wants the support of observation. This is all I can say on the topic at present.

Another subject, which is now causing a very curious and amusing dispute, is the question of introduction of air into the veins, in surgical operations; a question, you know, in which I am particularly interested. Velpeau, Jerdy, and Blandin, have taken the negative position; Roux, Amussat, and most of the distinguished surgeons, the affirmative. I have attended the discussions and experiments with deep interest, and have been referred to, frequently, both in public and private. The discussion is now at its zenith.

Velpeau's mode of treating fractures by permanent bandage—cure of hydrocele by iodine—treatment of fistula lachrymalis by destroying the puncta lachrymalia—cure of varicose veins by pins stuck under them—cure of club-foot by dividing the tendo-achillis—Malgaigne's treatment of dislocations, &c. &c., are among the surgical novelties of the day.

You wish to know how I have been received here. In reply, it gives me pleasure to say that every facility has been afforded me for obtaining the information I wish, and all possible kindness shown, in public and private. The surgeons, in going round the wards, call for me at every interesting case, often request me to examine the patient, and ask my opinion. If it does not accord with theirs, we have a discussion. At the surgical operations I am always placed near the table, and sometimes assist the operator. At the lectures, the professor always offers me a chair by his side. In the Royal Academy of Medicine they have more than once favored me with an honorable notice. I mention these facts with more pleasure, because I had been informed that the French were very careless in regard to foreigners. But I must say, that their professional attentions and private hospitalities are such as must be most gratifying and satisfactory to a stranger. Accept the assurances of respect from your friend and servant.

J. C. W.

Paris, Dec. 30, 1837.

#### EPILEPSY—GANGRENE OF THE LUNG—TUMOR OF THE BRAIN.

[Communicated for the Boston Medical and Surgical Journal.]

On the 30th of May, 1834, I was called to visit Robert R., a young man 30 years of age, who had been attacked by an epileptic fit. On reaching his house, I found him in the comatose kind of state which usually succeeds such seizures, the convulsions having ceased before I saw him. This was the first attack which had come to the knowledge of his family. An individual from a neighboring town having been called in, with whom I declined intercourse, I saw no more of the case for some time, and am unacquainted with the treatment adopted. The fits,

however, increased in frequency and violence till the beginning of October, when I took the case. At this period the seizures occurred at irregular intervals, and continued from 24 to 48 hours in constant succession, the patient not recovering from one before he was attacked by another. I at first directed my attention to the general health, but utterly without effect. Venesection, the nitrate of silver, spt. tereb., and nearly the whole round of medicines usually employed in such cases, were combined with the strictest attention to diet and regimen, without the least alleviation of the symptoms. On the contrary, instead of occurring only once in two or three weeks, as at first, they were repeated every two or three days. They came on without warning, continuing, as before, for hours together. It may be well to notice here that while applying lavements to the head, I had remarked *two very remarkable prominences or tumors on the upper and back part of the skull*, one on each side of the sagittal suture. They were of the size and shape of a large thimble, but rather wider. They had been noticed by the family of the patient, though very lately. My attendance was finally discontinued, and the patient passed through the hands of divers empirics, with whose prescriptions I am not acquainted.

Towards the close of April, 1835, a new train of symptoms occurred. A copious expectoration of black and intolerably offensive matter came on suddenly, without any previous indications of disease of the lungs, varying in quantity from one to three half pints per diem; so say the family. On the 21st of May he died, very suddenly, and I was requested to open the body.

The left lung was healthy, no morbid appearance being discoverable. The right lung was gangrenous through a considerable extent. This side of the thorax was also half filled with a black and very fetid mass of semifluid matter, of the consistence of cream, and the fingers passed almost without resistance through the whole of the middle portion of the lung. There was a cavity in it capable of containing a large apple, the walls of which were composed of unresisting, black, pulmonary parenchyma. No tuberculous matter was discovered in either lung; but several very strong adhesions between the costal and pulmonary pleurae.

The membranes of the brain were found tolerably healthy. But two large and prominent tumors presented themselves in the brain, *corresponding exactly in situation, size and shape with those already mentioned as having been noticed on the outside of the skull*. They were of the size of large walnuts, and exactly fitted into the prominence on the outside, as we found by trial. They were situated on the posterior lobes of the cerebrum, one on each side of the median line, and were composed of a kind of cheesy matter, soft, and differing in appearance from the rest of the brain. The vessels of the brain, generally, were injected, and a large and recent clot of blood was seen lying at its base. Some members of the family of the deceased being present, we were unable to ascertain precisely its extent or origin. Three gentlemen, my pupils, were also present during the whole examination. Whether prominences on the surface of the cranium have ever been considered as indications of corresponding tumors within its cavity, I cannot say. But the whole case seemed to me remarkable; and from the notes I

then made, I send you this rough and hasty sketch. The complete coaptation of the cranium and the tumor seemed to me to tend to overthrow the theories of certain would-be philosophers, who ridicule the idea that the bones of the skull receive their peculiar form in any degree from the brain within them.

S. HOLMES.

*Bristol, R. I., February 7th, 1838.*

---

## BOSTON MEDICAL AND SURGICAL JOURNAL.

---

BOSTON, FEBRUARY 21, 1838.

---

### MASSACHUSETTS GENERAL HOSPITAL.

FROM the annual report of the Board of Trustees, the following interesting statistical facts are selected.

"It appears from the Report of the Superintendent, that the whole number of patients received at the Hospital in Allen street, during the year 1837, has been 440, of whom 206 have been cured, and 152 relieved. It is believed that this department of the Institution has been administered with as much fidelity, care and success, as during any former year. The occasional appearance of erysipelas, and the apprehension of an increase of this distressing malady among the patients of the hospital, has been a source of deep solicitude to the Trustees. With the hope of arresting its progress, some improvements have been adopted in order to secure a more free and perfect ventilation of the wards; and at the suggestion of the medical officers, the upper panels of the doors, and the flues for the admission of the external air, have been differently arranged with a view to this object. The evil, however, has not been effectually removed. Some suggestions upon this subject have been lately received from Dr. Warren, now absent in England, founded upon his observation of similar institutions in that country, whose communication has been referred to a special Committee of the Trustees.

"During the past year, Dr. James Jackson has retired from the office of a physician of the hospital, which situation he had held from its first establishment. The Trustees, immediately upon accepting his resignation, placed a free bed at his disposal during life, and subsequently requested him to sit for his portrait; thus proving to him and to the public, the high estimation in which they held his character and his services. By the latter of these measures, there will be preserved at the hospital to future times, a visible memorial of one to whom our institution, in a great degree, owes its origin, and to whom it has always been deeply indebted for its reputation and usefulness—one who, in the discharge of his official duties, has left a bright example to all who may succeed him, and whose name will never be mentioned by the friends of the hospital, but with affection and gratitude.

"The number of boarders received at the McLean Asylum for the Insane, during the year, has been 120, of whom 72 have been discharged, cured. The last Annual Report mentioned the fact, that Dr. Luther V. Bell had been elected to the office of Physician and Superintendent, after the lamented death of Dr. Lee. Every anticipation in which the Trustees then indulged, in regard to the gentleman thus selected, has

been in the fullest manner realized. He has most successfully carried out the same system of moral and medical treatment, which had been previously adopted. He has, like his eminent predecessors, identified himself with the interests and usefulness of the institution, and his administration, like theirs, has been marked by devotedness to the great objects for which it was founded. To all the boarders at the Asylum, for whom such indulgences were proper, the usual opportunities have been given for exercise, recreation, and amusement, and for attending the stated religious ordinances. They have found a cheerful and innocent relaxation in joining the parties for music and dancing which have been regularly permitted them, and which have invariably been conducted with the strictest propriety. They have also willingly and cheerfully given their time and labor to the cause of benevolence, at the stated meetings of the Belknap sewing circle; while each returning Sabbath has witnessed a congregation voluntarily assembled, to join with becoming feelings of devotion, in the duties of that sacred day. It is evident to the Trustees that the satisfactory and happy results of this moral discipline, are every day more and more fully developed; and they cannot doubt but that many an individual, whose mind has there been recalled from its wanderings, will regard as his greatest benefactors, the munificent donors who founded this institution, or extended its means of usefulness; and will ever cherish a grateful remembrance of the kind attentions, and the untiring zeal and fidelity of those to whose immediate care its management has been intrusted."

Further extracts will be given hereafter.

---

*Dr. Delafield's Address.*—A remarkably well-executed specimen of printing, of 44 pages, octavo, entitled an *Introductory Address to the Students in Medicine of the College of Physicians and Surgeons of the University of New York*, delivered November 7th, 1837, by Edward Delafield, Professor of Obstetrics and the Diseases of Women and Children, has been received within a few days. Its principal object is to inculcate a sense of the obligation which the medical student is under to the world, and points out to him the proper mode of pursuing study and the subjects which have the highest claim to his consideration. Dr. Delafield's observations in relation to the practitioner of midwifery, the department in which he appears to be most at home, are exceedingly judicious and appropriate. On the whole, we regard the address in the light of a respectable introductory, but by no means the best specimen of the author's talents.

---

*Croup.*—An octavo pamphlet of 40 pages, entitled an *Inaugural Dissertation on Croup*, by J. H. Wright, M.D., is before us. We shall make occasional extracts from it, as opportunity presents, with a view of giving the reader the best opportunity of understanding the author.

---

*Royal Physicians.*—The Queen of England ascended the throne in June, and one of her first measures was to organize the royal household. Lists of persons in each department were prepared, and amongst others, the medical list was submitted to her, headed with *Sir Henry Hallford*, *Sir Matthew Tierney*, and some other pillars of that clique of medical

exclusives, called the College of Physicians. "Sir J. Clark is my physician," quietly remarked the queen. "Certainly," said a noble official, "his name shall be added to the catalogue." It was then written at the bottom of the list, and the whole again read to her. "There is a mistake," said the queen, "*my physician must come first*, and afterwards you may put on what names you please." So it was done, and Sir J. Clark is the royal physician. But when the official announcement of the medical honor reached the college, they were in a dilemma—for it appeared that "*my physician*" did not belong to that ilk. Mortified and provoked as they were, beyond endurance, to be thwarted in the commencement of a new reign, in monopolizing all the honor and all the fees, as they and their knighted predecessors had done for ages, a show of acquiescence was made, by sending Sir J. Clark a diploma, forthwith. But the medical baronet haughtily refused their parchment honors. It was too late in the day. He had risen to distinction by his own personal industry and excellent character, unaided, unearned for—and, if asked, would probably have said, unknown to the illustrious members of the Royal College. Sir Henry Hallford, the president, who has been fed from the royal crib of three kings (George III. George IV. and William IV.), with gilded oats, is now the *second* physician of the queen.

*Elephantiasis Scroti*.—Our readers will doubtless recollect the account given, some months ago, of Dr. Picton's formidable operation for *scrotal hypertrophy*. We have recently heard, from New Orleans, that the patient upon whom that great surgical operation was performed, is entirely well, and there is not a trace which would lead any one to fear a regeneration of the disease. All the procreative organs perform their functions as formerly. Dr. Jacobs, of St. Croix, in a similar case, determined to abscise the whole tumor; whereas Dr. Picton carefully dissected and preserved the genital apparatus, which not only demonstrates the value and practicability of this mammoth operation, but it also shows the unerring resources of modern surgery. We understand the tumor will be placed in the anatomical museum of the old school, at Philadelphia. A young French artist, of New Orleans, who is represented to be of the first order, has executed a highly finished, full-length portrait of the patient, before and after the operation—copies of which should be on sale in this and the other principal cities in the Union. We regard the whole matter, from the beginning to the end, as one of extraordinary interest to the whole medical profession.

*Boston Society for Medical Improvement*.—The anniversary meeting of this Society took place on Wednesday evening. The oration by J. Roby, M.D., Secretary to the Society, was characterized by vivid and humorous illustrations of the truth of an adage, as old as the time of Hippocrates, *medicè vivere, miserè vivere*. The poem by O. W. Holmes, M.D., was conceived in a spirit of playful satire, and was delivered in a most happy and finished manner.

*Fee Bill*.—The following scale of charges, for professional services, was adopted by the Washington County (N. Y.), Medical Society in June last.

Advice at office	-	-	-	-	-	-	\$0 50
Venesec., Ext. Dent., Cath., Emet., each,	-	-	-	-	-	-	25
Ordinary visit under one mile,	-	-	-	-	-	-	50



For each additional mile, extra,	- - - - -	25
Nocturnal visit,	" - - - - -	50
Detention per hour,	" - - - - -	25
Consultation,	" - - - - -	2 to 5 00
Obstetrics, ordinary, not over six hours,	- - - - -	4 00
Difficult—extraordinary cases—discretionary.		
Catheter, single introduction,	- - - - -	2 00
" each succeeding,	- - - - -	1 00
Fracture, Thigh and leg,	- - - - -	5 to 10 00
" all others,	- - - - -	2 to 5 00
Compound do., extra—discretionary.		
Dislocation, Hip,	- - - - -	10 to 25 00
" all others,	- - - - -	3 to 10 00
Compound do., extra—discretionary.		
Amputation of large extremities,	- - - - -	25 00
Vaccination, single patient,	- - - - -	1 00
Paracentesis,	- - - - -	5 to 10 00
Hernia, reduction by taxis,	- - - - -	2 00
" " by operation,	- - - - -	20 00
Trepanning,	- - - - -	20 00
Lithotomy,	- - - - -	50 00

*Chase's Trusses.*—Some of the recently manufactured trusses, invented by Dr. Chase, of Philadelphia, are among the most beautiful specimens of mechanical ingenuity and perfect workmanship in this country. We are happy to learn that there is no falling off of the opinion, long since promulgated by competent surgeons, that these instruments are as perfect as it is supposed possible to have them. Dr. Leach, of Boston, is the only person to apply to, in this section of the country, who has had a long experience in adjusting them to the various kinds of hernial tumors.

*Medical Miscellany.*—The cholera has re-appeared at Naples. Of the 80,000 Russians who marched into Circassia, a few only have returned, and they were so severely attacked with ophthalmia that most of them are blind and rendered incapable of service.—A catalogue of the Louisville Medical Institute has been received, showing one hundred students, their first term.—Dr. Bartlett's address before the Phrenological Society is greatly admired.—Dr. Rockwell, Health Officer of New York, has been nominated to the Senate, notwithstanding some have said he lacks official capacity. He is unquestionably a first-rate man for the place, as his past services testify.—At the last accounts, Dr. Warren, of Boston, now travelling in Europe, was on his way to Italy.—The Vermont Mercury says there have been only four deaths by smallpox in Woodstock. We do not see how this fact in any manner contradicts the statements in the letter from Woodstock, inserted in this Journal for January 17th, although apparently published for that purpose.

DIED.—In Lexington, Ky., John Eberle, M.D., Prof. of the Theory and Practice of Medicine in Transylvania University.—In New York, Dr. Ansell W. Ives, Editor of the American edition of Paris's Pharmacologia.—In Soda, N. H., Dr Caleb Richardson, formerly of Templeton, aged 65.

Whole number of deaths in Boston, for the week ending Feb. 17, 33. Males, 19—Females, 14.  
Consumption, 5—slow fever, 1—lung fever, 6—Inflammation of the brain, 1—hooping cough, 2—pleurisy fever, 1—infantile, 2—Inflammation of the lungs, 2—disease of the heart, 1—child-bed, 1—marasmus, 1—diarrhoea, 1—hydrocephalus, 1—stoppage in the bowels, 1—croup, 2—typhus fever, 1—menes, 1—dropsy, 1—convulsions, 1—apoplexy, 1.

## MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	"	DR. WARR.
On the Principles and Practice of Surgery,	"	DR. OTIS.
On Anatomy,	"	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Oct. 18—19

WALTER CHANNING,  
JOHN WARR,  
GEORGE W. OTIS, JR.,  
WINSLOW LEWIS, JR.

## VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 28.

## MEDICAL INSTRUCTION.

The subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

Boston, August 9, 1837.

EPHRAIM BUCK, M.D.  
ASA B. SNOW, M.D.  
E. WALTER LEACH, M.D.  
HENRY G. CLARK, M.D.  
JOSEPH MORIARTY, M.D.

## TO MEDICAL STUDENTS.

The undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

Franklin Street, Nov. 9, 1836.

July 19—6m

JOHN JEFFRIES, M.D.  
E. W. HOOPER, M.D.  
JOHN H. DIX, M.D.

## MEDICAL INSTRUCTION.

The subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

Springfield, January, 1838.

Jan. 17.

JOSEPH H. FLINT.

## VERMONT MEDICAL COLLEGE.

The annual Course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	- - -	H. H. CHILDS, M. D.
Pathological Anatomy, by	- - -	ELIJAH BARTLETT, M. D.
General and Special Anatomy and Physiology, by	- - -	ROBERT WATTS, JR., M. D.
Principles and Practice of Surgery, by	- - -	GILMAN KIMBALL, M. D.
Chemistry and Materia Medica, by	- - -	DAVID PALMER, M. D.
Medical Jurisprudence, by	- - -	NORMAN WILLIAMS, A. M.

Woodstock, January 17th, 1838.

F7—eptM7

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. WATTH, M.D. Editor.—Price \$2.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy gratis.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.